

# Index of Claims



Application/Control No.

10/762,600

Examiner

Jason Uhlenhake

Applicant(s)/Patent under Reexamination

MATSUYAMA, ICHIRO

Art Unit

2853

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim         |               | Date |  |  |  |  |  |  |  |  |  |  |  |
|---------------|---------------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final         | Original      |      |  |  |  |  |  |  |  |  |  |  |  |
| <del>1</del>  | <del>1</del>  |      |  |  |  |  |  |  |  |  |  |  |  |
| <del>2</del>  | <del>2</del>  |      |  |  |  |  |  |  |  |  |  |  |  |
| <del>3</del>  | <del>3</del>  |      |  |  |  |  |  |  |  |  |  |  |  |
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| <del>24</del> | <del>24</del> |      |  |  |  |  |  |  |  |  |  |  |  |
| <del>25</del> | <del>25</del> |      |  |  |  |  |  |  |  |  |  |  |  |
| 26            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 27            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 28            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 29            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 30            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 31            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 32            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 33            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 34            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 35            | ✓             |      |  |  |  |  |  |  |  |  |  |  |  |
| 36            |               |      |  |  |  |  |  |  |  |  |  |  |  |
| 37            |               |      |  |  |  |  |  |  |  |  |  |  |  |
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| 48            |               |      |  |  |  |  |  |  |  |  |  |  |  |
| 49            |               |      |  |  |  |  |  |  |  |  |  |  |  |
| 50            |               |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 51       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 52       |      |  |  |  |  |  |  |  |  |  |  |  |
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|       | 56       |      |  |  |  |  |  |  |  |  |  |  |  |
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|       | 61       |      |  |  |  |  |  |  |  |  |  |  |  |
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|       | 63       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 64       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 65       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 66       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 67       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 68       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 69       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 70       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 71       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 72       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 73       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 74       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 75       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 76       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 77       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 78       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 79       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 80       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 81       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 82       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 83       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 84       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 85       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 86       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 87       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 88       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 89       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 90       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 91       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 92       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 93       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 94       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 95       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 96       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 97       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 98       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 99       |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 100      |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 102      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 103      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 104      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 105      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 106      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 107      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 108      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 109      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 110      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 111      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 112      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 113      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 114      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 115      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 116      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 117      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 118      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 119      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 120      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 121      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 122      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 123      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 124      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 125      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 126      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 127      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 128      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 129      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 130      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 131      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 132      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 133      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 134      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 135      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 136      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 137      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 138      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 139      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 140      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 141      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 142      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 143      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 147      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 148      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 149      |      |  |  |  |  |  |  |  |  |  |  |  |
|       | 150      |      |  |  |  |  |  |  |  |  |  |  |  |